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OR NOV 18 AM 11: 45

J. BRYAN

NOV 1 9 2008

EXAMINER

COVER LETTER

Division of Corporations	·
SUBJECT: ARtell (Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
ANNA I DANILLO	5
(Firm/Company)	<u>~</u>
19481 NE 22 Rd, April (Address)	pt#B
NMB, FL 33179 (City/State and Zip Code)	·
For further information concerning this matter,	please call:
ANA I, DANILOVA at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the l	imited liability company a	s it appears on	the records of the	Florida Dep	artment
2. This limited liabil	lity company was organized te of Florez	ed under the law	rs of:	•	OB NOV 18 A
3. The Florida docu	ment/registration number o	of this limited li	ability company i	s:	CORPORATIONS 8 ANII: 45
·	Me of Person Resigning)		resign as a	LANAG (Print Title)	rer
resignation in writ	ility company and affirm ting.	he limited liabil	ity company has	been notified	of my
Signature of Resig	ning Member, Managing	Member or Mar	nager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (5/06)